

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 8974	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name William Courtien P O Box, Bldg, Room No, if any Street 1750 New York Avenue, N W. City Washington State District of Columbia ZIP Code + 4 20006-5301	4 Name, file number, and address of labor organization Name International Union of Painters & Allied Trade Labor Organization File Number 000-035 P O Box, Building and Room Number, if any Street 1750 New York Avenue, N W. City Washington State District of Columbia ZIP Code + 4 20006-5301
5 Position in labor organization Executive Assistant to the GP	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (Including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed *William Courtien* On **8/15/05** **202 637-0700**
Date Telephone Number

Name of Person Filing William Courtien

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Novak/Francella

Trade Name, if any

P O Box, Bldg, Room No, if any Suite 501

Street Two Bala Plaza

City Bala Cynwyd

State Pennsylvania ZIP Code + 4 19004

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Business provides accounting services to labor organization.

11 b Approximate dollar value of such dealing

\$95,777

12 a Nature of interest held or income received

8/4/04, meal, \$36 44

12 b Amount

\$36

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing <u>William Courtien</u>	File Number <u>U-</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <u>IUPAT Industry Pension Fund</u> Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street <u>1750 New York Avenue, N W</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>Affiliated Pension Fund - dealing consists of shared costs</u> <u>Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund</u> 11 b Approximate dollar value of such dealing <u>\$839,191</u> 12 a Nature of interest held or income received <u>1/21/04, meal, \$48 67</u> <u>6/30/04, meal, \$55 05</u> 12 b Amount <u>\$104</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Name of Person Filing William Courtien

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name IUPAT Labor Management Cooperation Initiativ

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 New York Avenue, N.W

City Washington

State District of Columbia ZIP Code + 4 20006

9 Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Affiliated labor management fund - dealing consists of shared costs

11 b Approximate dollar value of such dealing

\$226,441

12 a Nature of interest held or income received

2/1/04, meal, \$171 68
2/2/04, meal, \$41 22
2/3/04, meal, \$35 01
6/23/04, meal, \$87 23
7/10/04, meal, \$168 96

12 b Amount

\$504

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

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14 a Nature of payment**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment

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<p>8 Name and address of Business (including trade name, if any)</p> <p>Name IUPAT Joint Apprenticeship Training Fund</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street 1750 New York Avenue, N W</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>							
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Affiliated apprenticeship fund - dealing consists of shared costs.</p> <p>11 b Approximate dollar value of such dealing \$271,319</p> <p>12 a Nature of interest held or income received</p> <table border="1" style="width:100%"><tr><td>2/5/04, meal, \$35 20</td></tr><tr><td>2/5/04, meal, \$238 40</td></tr><tr><td>2/6/04, meal, \$32 42</td></tr><tr><td>2/6/04, meal, \$31 58</td></tr><tr><td>2/7/04, meal, \$28 73</td></tr><tr><td>2/7/04, meal, \$41 20</td></tr><tr><td>2/7/04, meal, \$58.54</td></tr></table> <p>12 b Amount \$466</p>	2/5/04, meal, \$35 20	2/5/04, meal, \$238 40	2/6/04, meal, \$32 42	2/6/04, meal, \$31 58	2/7/04, meal, \$28 73	2/7/04, meal, \$41 20	2/7/04, meal, \$58.54
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2/7/04, meal, \$41 20								
2/7/04, meal, \$58.54								

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p> <p>14 b Amount of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Name of Person Filing <u>William Courtien</u>	File Number U-
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8 Name and address of Business (including trade name, if any) Name <u>IUPAT Joint Apprenticeship Training Fund</u> Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street <u>1750 New York Avenue, N W</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>Affiliated apprenticeship fund - dealing consists of shared costs</u> <hr/> 11 b Approximate dollar value of such dealing <u>\$271,319</u> 12 a Nature of interest held or income received <u>4/26/04, meal, \$36 36</u> <hr/> 12 b Amount <u>\$36</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.